U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

ı	For Official Hear Only
	N615205
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1000	2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Michael L Dorsey	Name IAMAW				
	Labor Organization File Number 000-107				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 9000 Machinists Place	Street 9000 Machinists Place				
City Upper Marlboro	City Upper Marlboro				
State         Maryland         ZIP Code + 4         20772-2687	State Maryland ZIP Code + 4 20772-2687				
5. Position in labor organization, Asst Secretary					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate					
	ion represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name 1					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount				
City					
State ZIP Code + 4					
	nature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Muchael L. Charrell	On 8/5/05 30 967 4500 Date Telephone Number				
Form LM-30 (2003)	Page 1 of 7				

Name of Person Filing Michael Dorsey	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	1
8. Name and address of Business (including trade name, if any).  Name The McLaughlin Co.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1725 DeSales Street NW  City Washington  State District of Columbia ZIP Code + 4 20036	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  Company provides insurances and box	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Dinner	
	12.b. Amount.	\$71
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
· <del></del>		

Name of Person Filing Michael	Dorsey		File Number U-	<del></del>

8. Name and address of Business (inc	cluding trade name, if any).	9. Business deals with:			
Name K & R Industries		a. Labor Organization			
Trade Name, if any:		Minesonial  State and American			
P.O. Box, Bldg., Room No., if any		b. Trust			
Street 14110 Sullyfield Cir	cle	c. Employer			
City Chantilly	ментине в принципально выборя вы до согото сенто в образования выполнения вы				
State Virginia	ZIP Code + 4 20151				
10. If 9.b. or 9.c. is checked give trust or	employer's name.	11.a. Nature of such dealing.			
Name		Company provides union label and smade.	supplies american		
Trade Name, if any:			extense exception)		
P.O. Box, Bldg., Room No., if any			TOTAL CONTRACTOR		
Street			om (************************************		
City			n cre materials.		
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.			
		12.a. Nature of interest held or income received.	1998 Processes was the state of the processes were as the process of the process		
		Dinner 132.00	and desired to		
		Dinner 81.00	and section to the section of the se		
			anaerocopus white		
			P4 mail P44 marginal P44 margin		
			C OCCUPANT AND A COLUMN AND A C		
			eurradhel BB Asi		
		12.b. Amount.	\$213		

	File Number II
Name of Person Filing Michael Dorsey	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Voyageur Asset Mangement	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2300 M. Street	c. Employer	
Clty Washington		
State District of Columbia ZIP Code + 4 20037		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Company provides financial and inv services .	estments
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	manus distribution and the second of the
	Entertainment show	
	12.b. Amount.	\$100

Name of Person Filing Michael Do:	rsey	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Harbsugh Hotel & Mangement Co.	a. Labor Organization	
Trade Name, if any:	2.51	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1600 North Indian Canyon Dr.	c. Employer	
City Palm Springs		
State California ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Company provides conference , lodg	ing and catering
Trade Name, if any:	of the state of th	Por Careta Caret
P.O. Box, Bldg., Room No., if any	Commence of the Commence of th	Tablilla purply source
Street	The state of the s	Sancial Control of the Control of th
	The state of the s	
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	отим наменя выполнения на применя
	Fruit & Cheese basket	W. Champer of the Control of the Con
	anticopy.	
		A CONTRACTOR OF THE CONTRACTOR
		# >>>000
		The grant of the state of the s
		The Annual Control
	12.b. Amount.	\$30

Name of Person Filing Michael Dorsey	File Number U-

	Description of the state of the	
8. Name and address of Business (including trade name, if any).	Business deals with:	
Name IAM National Pension Fund	a. Labor Organization	
Trade Name, if any:	<u> </u>	
P.Q. Box, Bldg., Room No., if any	b. Trust	
	c. Employer	
Street 1300 Connecticut Ave NW	Leader	
City Washington		
State District of Columbia ZIP Code + 4 20036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	I.a. Nature of such dealing.	november programmer over somewhat it in the programmer is not considered.
	ointly Trusteed fund provides pension be AM represented employees.	enfits to
Trade Name, if any:		
Trace righte, il any.		
P.O. Box, Bldg., Room No., if any		
Street		
City		
City		
<del></del>		
State District of Columbia ZIP Code + 4 11.	b. Approximate dollar value of such dealing.	
Service of the servic	b. Approximate dollar value of such dealing.  a. Nature of interest held or income received.	
12.	Landing and an article of the second of the	
12.	.a. Nature of interest held or income received.	
The control of the co	.a. Nature of interest held or income received.	
12.	.a. Nature of interest held or income received.	
12.	.a. Nature of interest held or income received.	
12.	.a. Nature of interest held or income received.	
12.	.a. Nature of interest held or income received.	

Name of Person Filing Michael	Dorsey	-	 		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Segal Company	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Street 1920 N Street	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Company provides actuarial and oth	er services
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	was a second	
State	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Dinner	
	12.b. Amount.	\$128